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ABSTRACT

This final report of the Wisconsin Family-Centered Inservice Project describes the development, testing, implementation, and evaluation of an interdisciplinary inservice course for early interventionists and parents. The inservice course focused on attitudes, knowledge, and skills in four principal topic areas: (1) family-centered care, (2) interdisciplinary and interagency teaming, (3) service coordination, and (4) problem solving. Innovative aspects included participant self-assessment of perceived competency level in content areas, participant selection of goals and activities relevant to the individual's life or job situation, development of an individualized learning plan based on the self-assessment, and use of interdisciplinary team teaching including parents of children with special needs as faculty. The semester-long course was field tested at three University of Wisconsin campuses, with adaptations presented in a variety of other settings. Quantitative evaluation revealed that participants exhibited significant changes in skills and knowledge and were highly satisfied with the course. Qualitative evaluation indicated that participants perceived the program as having a high impact on personal, programmatic, and systems levels. Appendices include a draft review of "Partnerships in Early Intervention" by Peggy Rosin and others; a self-assessment rating scale and individualized learning plan; and the course rating form. (Contains a bibliography of 53 items.) (DB)

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INSERVICE TRAINING PROGRAMS FOR RELATED SERVICES

THE WISCONSIN FAMILY-CENTERED INSERVICE PROJECT

ED 366 136

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FINAL REPORT

Early Education Program for Children with Disabilities

U.S. Department of Education

Grant Number: # H024P00023-92

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ABSTRACT

The Wisconsin Family-Centered Inservice Project

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The Wisconsin Family-Centered Inservice Project (WFCIP) was funded to develop, test, implement, and evaluate an interdisciplinary inservice course for early interventionists focused on cross-disciplinary issues. Targeted participants were parents of children with special needs and service providers from social service, education and allied health disciplines presently engaged in the provision of services for infants and toddlers with disabilities and their families.

The inservice course focused on attitudes, knowledge and skills in four principal topic areas: family-centered care, interdisciplinary and interagency teaming, service coordination and problem solving. Innovative aspects of the course included participant self-assessment of perceived level of competency in content areas, participant selection of goals and activities relevant to their life or job situation, and development of an Individualized Learning Plan (ILP) based on self-assessment. The ILP was analogous to the Individualized Family Service Plan (IFSP) described in P.L. 99-457. An additional creative component of the WFCIP course was interdisciplinary team teaching including parents of children with special needs as faculty.

Course participants had a variety of options and resources for achieving their self-selected outcomes. Each participant selected a course facilitator from the faculty team who was available to lend support (e.g., resources, contacts within the community) according to need. Also each participant was involved in field-based activities within the community designed to meet the priorities selected through the Individualized Learning Plan process. Course sessions included lectures by parents, faculty and service providers, discussions, panels, videos, small and large group activities. The course content and process are described in Partnerships in Early Intervention: A Training Guide on Family-Centered Care, Team Building, and Service Coordination.

The semester-long WFCIP course was field tested on three University of Wisconsin campuses. In addition, adaptions of the course were presented through other for-credit or continuing education credit courses on campus, educational teleconference network, workshops and institutes. Measures were gathered to determine participants' change in attitude, skills and knowledge in the course content areas. Follow-up information was collected to obtain indicators of impact on subsequent practice. Quantitative data revealed that participants had significant changes in skills and knowledge from pre- to post-test measures and were highly satisfied with the course. Qualitative analysis, using a content analysis of follow-up interviews with participants, indicated that participants found a high degree of impact on the personal, programmatic, and systems level.

TABLE of CONTENTS

		Page
ABSTRACT		i
TABLE OF CONTENTS		ii
APPENDICES, TABLES, AND FIGURES		iii
I.	GOALS AND OBJECTIVES OF THE WISCONSIN FAMILY-CENTERED INSERVICE PROJECT	1
II.	THEORETICAL FRAMEWORK FOR THE WISCONSIN FAMILY-CENTERED INSERVICE PROJECT	2
III.	DESCRIPTION OF THE TRAINING MODEL, ACTIVITIES, AND PARTICIPANTS	7
IV.	METHODOLOGICAL OR LOGISTICAL PROBLEMS	17
V.	EVALUATION FINDINGS	18
VI.	PROJECT IMPACT	24
VII.	FUTURE ACTIVITIES	26
VIII.	ASSURANCE STATEMENT	26
XI.	BIBLIOGRAPHY	27

APPENDICES, TABLES & FIGURES

APPENDIX A:	Draft review of *Partnerships in Early Intervention*
APPENDIX B:	Self-Assessment of Skills & Knowledge in Cross-Disciplinary Aspects of Early Intervention
APPENDIX C:	Sample Course Evaluation Form
TABLE 1:	Course Courses
TABLE 2:	Course Adaptations
TABLE 3:	Grant Presentations
TABLE 4:	Evaluation Matrix
TABLE 5:	Self-Assessment Results
TABLE 6:	Overall Course Evaluation
TABLE 7:	Course Components
FIGURE 1:	Professional Disciplines
FIGURE 2:	Highest Degree

I. Goals and Objectives of the Wisconsin Family-Centered Inservice Project

The primary purpose of the Wisconsin Family-Centered Inservice Project was to develop, implement and evaluate a for-credit inservice course and materials for parents of children with special needs and service providers working in early intervention. The cross-disciplinary content for the course focused on family-centered care, interdisciplinary and interagency teaming and service coordination. The original goals and objectives developed to guide the project to its purpose included:

GOAL I: Develop, pilot, field test and implement a regionally distributed for-credit inservice course for related services personnel in cross-disciplinary issues related to P.L. 99-457.

Objective 1.1: Develop draft outline of course content in each of the major content strands.

Objective 1.2: Develop a range of training activities that can be implemented during the workshops and field-based experiences.

Objective 1.3 Conduct pilot and field testing of course content and strategies.

Objective 1.4: Prepare training sites for collaboration in inservice course.

Objective 1.5: Obtain formal approval for university course credit for inservice course.

Objective 1.6: Disseminate information about the course and its availability.

GOAL II: Develop materials in support of the inservice course that can be used after the termination of this project and by a broad spectrum of trainers in and out of the state of Wisconsin.

Objective 2.1: Develop a training guide containing each of the major content strands of the Family-Centered Inservice Course.

Objective 2.2: Develop a videotape with discussion guide that illustrates co-service coordination as one means to developing an effective parent-professional partnership.

Objective 2.3: Develop strategies for collaborative problem-solving for use by trainees during the course and on their jobs after the course.

GOAL III: Assure that parents fully participate in all aspects of inservice program development, implementation and evaluation.

Objective 3.1: Provide for the participation of parents in the development of course

content and in the selection of training activities and experiences.

Objective 3.2: Assure that all materials are sensitive and responsive to the needs of parents and families.

Goal IV: Evaluate the effectiveness of the family-centered inservice course for related service professionals in meeting the training needs of the various disciplines and its effectiveness in affecting practice.

Objective 4.1: Develop self-assessment tools that provide an opportunity for trainees to self-assess their knowledge and skills needed in respect to problem-solving and the three major content areas of the course.

Objective 4.2: Develop a systematic process for tracking trainee progress in completing their selected assignments and field-based experiences.

Objective 4.3: Develop an observational tool that can be used as either a self-administered checklist or by others observing interactions between professionals and parents.

II. Theoretical Framework for the Wisconsin Family-Centered Inservice Project

The following section first provides a justification of the content areas chosen, based upon best practices and research. Second this section reviews effective inservice practice literature to provide a framework for the design of the project's proposed inservice program.

A. Best Practices and Research in Cross-disciplinary Content

The literature about early intervention suggests that working with young children with special needs and their families is a "unique" and multifaceted field (Mallory, 1983; Spodek and Saracho, 1982; Thorp and Mc Collum, 1988). Appropriate and best practices are only beginning to emerge in the field. Recently identified components of family-centered intervention that are rooted in current research and theory include processes that:

a) provide support for the family systems (Foster, Berger, and McLean, 1981; Dunst and Trivette, 1987; Dunst, Trivette & Thompson, 1990).
b) incorporate a family-centered approach to intervention in the least restrictive settings appropriate to the child's age (Foster, Berger, and McLean, 1981; Turnbull and Turnbull, 1986; Smith, B., 1988).
c) provide an individual family service plan (IFSP) and systems of family support that are helpful yet not intrusive (Dunst, 1985; Turnbull and Turnbull, 1988; Bailey, D.B., 1986; Mc Gonigel, Kaufmann, & Johnson, 1991).
d) offer multidisciplinary evaluation formats that are supportive to the child and family and are able to identify strengths as well as needs of both child, family and

environment (Smith, 1988; Lynch & Hanson, 1992).
e) develop service coordination strategies and interagency coordination that can structure the fragmentary nature of the present service delivery systems and prepare parents for their child's possible life long service coordination needs (Frass, 1986; Bailey 1989; Melaville & Blank, 1991; Lowenthal, 1992; Swan & Morgan, 1993).
f) provide transition planning that involves parents, the child, and the receiving and sending programs as well as all participants in the child/family intervention considered important by the family (Gallager, J., Maddox, M. & Edgar, E., 1984; Hains, Rosenkoetter, & Fowler, 1991).

The role of the interventionist becomes that of a provider of opportunities and activities that allow families to display their competence and to feel a sense of control over their lives (Dunst, 1986). Family Stress Theory (McCubbin, H., J.C. Cauble, et. al, 1980; Featherstone, 1980) identifies the birth of a child with a disability as a stressful event that influences family cohesion and adjustment. Research indicates that access to community resources and supports is linked to prevention of institutionalization, increased expectations for children, positive parent-child interactions, and improved child behavior and development (Dunst, Trivette, and Cross, 1984; Dunst and Jenkins, 1982). Beckman (1981) notes that intervention efforts are far more effective when professionals consider the family's emotional reactions, adjustment and attachment to their child with special needs. Goals and strategies for family and sibling adjustment and the life cycle changes facing parents and siblings are also important issues in determining family needs (Skritic, Summer, Brotherson, Turnbull, 1984). The strengths that family members bring collectively to meet their own needs provides the key to enhancing and expanding their informal and formal support network (Dunst, 1984). Empowerment of families is achieved by strengthening their natural and professional support networks and by supporting and building upon their present problem solving abilities (Dunst & Trivette, 1987).

Many early interventionists are competent in developing a child-focused intervention, but special skills are required to successfully develop a family-centered orientation. Bailey (1987, p. 59) reminds us that this focus on families may be challenging "...since families often present extraordinary complex circumstances to professionals whose training has centered almost exclusively on children."

Professionals assume a special responsibility in: 1) helping parents and families cope with, adjust to, and learn about their child's disability; 2) helping parents identify and secure needed services; and 3) preparing parents to be effective participants in the process of planning and providing services for their children (Bailey, 1989).

Essential skills include those related to working with a child in the context of the family, assessing family concerns, priorities and resources, and communicating effectively with parents in order to identify goals of importance to them, collaborative problem solving, providing family services and acting as a service coordinator (Thorp & McCollum, 1988). Cross-disciplinary knowledge must address the common core of content necessary for any professional functioning as an infant interventionist.

Training content in this area can be characterized as of three types. The first is infancy and

family knowledge; the second is knowledge and skills necessary to function as a team member; and the third is knowledge of a variety of strategies to address problems identified by family members and coordinate the needed services. Components of infant and family knowledge include: 1) infant development; 2) sources of risk and handicapping condition and potential for impact on development; 3) family systems and impact on families of infants with special needs; 4) communication and listening skills; and 5) knowledge of and sensitivity to cultural differences and responses to disabilities. Second, knowledge and skills necessary to be an effective team member include: developing a common vocabulary, and acquiring interdisciplinary interaction skills such as problem solving, decision making, communicating, consulting, and collaborating (Thorp & McCollum, 1988). Third, knowledge and skills are necessary to facilitate the coordination of services and address problems as they arise. Specific skills include knowledge of available resources, accessibility criteria and procedures, negotiation skills, sequencing of planned activities, and ongoing communication with multiple organizations.

Early intervention often involves professionals from multiple agencies. Critical skills for early childhood professionals include the ability to participate effectively on multidisciplinary teams, communicate with, teach, and learn from other professionals, serve as advocates for children and families, and recognize and solve problems encountered when professionals from multiple disciplines must interact with each other and with parents.

Early intervention professionals need to be aware of the unique aspects or constraints of multiple agencies, be able to integrate and coordinate services at the local and state level, know and adhere to regulations of diverse agencies, and help families gain access to and coordinate services from various agencies often by providing service coordination. Because of the complexity of needs often encountered and the multiple involvement of individuals and agencies and services to this population, Dunn and Janata (1987) suggest training needs to be "interprofessional" in its approach.

When possible, inservice education needs to be conducted on an interdisciplinary basis (Thorp & McCollum, 1988). More specifically, opportunities are needed to observe other professionals, to learn from other professionals, to develop interpersonal skills needed for working on an interdisciplinary team, and to function as part of an interdisciplinary team. Inservice programs need to be continuous in order to provide ongoing opportunity for staff to upgrade their skills, as well as, for those who are entering the system to replace those lost by attrition (Palsha, Bailey, Vandivierer, and Munn, 1990).

Knowledge and research in infant intervention are developing at a rapid rate. Continuing education is essential as a mechanism for professionals to keep abreast of new information and replace obsolete practices with those documented to be more effective. This is especially true for that portion of practicing professionals who have never had specific training related to early intervention, yet are practicing it because of a shortage of qualified personnel. Thus, inservice education is necessary to ensure adequate basic training.

B. Previous Research on Inservice Training

Much of the literature on effective staff development and inservice training comes from the general and special education fields; little information exists for these areas in regards to related services personnel. A literature review and the evidence of "best practices" for inservice training is presented in the following section.

Staff development programs have been defined in the literature as any systematic attempt to alter the professional practices, beliefs, and understandings of persons for an articulated purpose (Joyce & Showers, 1988; Stevenson, 1987). Inservice education is the most common form of staff development (Yarger, Howey, & Joyce, 1980). Inservice education is defined as a planned, professionally oriented training activity (or series of activities) designed to increase the competence of professionals in the performance of their assigned responsibilities (Harris, 1980).

Despite the widely recognized importance of staff development programs in general, and inservice activities in particular, there is common agreement that staff development and inservice efforts are typically fragmented, unsatisfactory, and in need of improvement (Howey & Vaughan, 1983; Hutson, 1981; Harris, 1980; Yarger et al., 1980; Winton, 1990; Bailey, Mc William & Winton, 1992).

According to Joyce and Showers (1980), inservice training can result in four levels of impact: awareness, acquisition of concepts or organized knowledge, learning of competencies and skills, and ability to solve problems. Any or all of the above impact levels can be considered parameters of effectiveness in inservice efforts. Many adult education theorists argue that effectiveness should be defined not only by the external, visible behaviors manifested as a result of the inservice experience, but also by the internal cognition that enable a behavior or practice to be selected and used appropriately and integratively (Showers et al., 1987; Smith, 1982; Guskey, 1985; Griffin, 1983).

McLaughlin and Marsh (1978) identified three patterns of inservice planning. One pattern, "collaborative" planning, is characterized by equal input from staff and administrators who act as partners in the process of planning. Research has indicated that the originator of the idea or project is of little importance in determining commitment to a change effort (McLaughlin & Marsh, 1978). The important feature for successful implementation and maintenance of new practices is whether recipients were involved in collaborative planning. Staff participation was the critical contributor to the development of a sense of ownership.

Incentives for participation are important considerations for inservice training. Hutson (1981) concluded that incentives for participation in inservice programs should emphasize intrinsic professional rewards. The corollary is that there should not be disincentives—inconvenient times or locations or other factors penalize participation. Effective incentives for change require human support—personal contact and interaction among participants, planners, providers, consultants, and administrators (Lieberman & Miller, 1984). The incentive of college credit, followed by release time was also found to be effective (Wade, 1984).

Inservice training goals can be achieved by a wide variety of training methods or instructional techniques. Although the lecture format is widely used and abused (Evans, 1981; Wade, 1984), didactic instruction alone does not produce changes in teachers' behavior (Allen & Forman, 1984). Other researchers have concluded that presentation of theory by lecture, discussion, or printed material is a necessary but insufficient requirement for promoting performance.

Encouragement and opportunity to change are not enough. As Vaslencia and Killion state, "change must be recognized as a process, not an event. It requires time and ongoing support throughout its different stages" (Valencia & Killion, 1988, p. 3). Researchers have found that change maintained longer if recipients received intervention on a number of occasions, over an extended period of time, with appropriate follow-up (Joyce & Showers, 1983; Showers, 1985). Other researchers have reported that the combination of classroom assistance by resource personnel and follow-up project meetings had a positive effect on the percentage of learning goals achieved, student performance, change, and continuation of project methods (McLaughlin & Marsh, 1978). They also found that quality, not quantity of resource assistance was critical. Good consultants, whether local or outside resource personnel, need to provide concrete and practical advice.

C. Overview of the Inservice Training Package

The literature offers general and specific empirical and logical constructs for providing effective inservice education and the needed content for that training. The Wisconsin Family-Centered Inservice Project incorporated these content and process recommendations into a collaboratively planned and developed continuing education for-credit inservice course. The course was piloted and field tested and then offered in a number of locations around the state. The course offered numerous options for student participation and learning. Participants were able to choose their level of involvement and participation based on their needs. Credit was assigned dependent on the degree of participation and choice of activities.

The course was offered using a number of formats including workshops, field-based experiences, long distance discussion groups, teaming experiences, and distance support from trainers and instructors. Course activities were directed at the knowledge, skills, and attitudes necessary to carry out comprehensive, family-centered, interdisciplinary early intervention by service providers in early intervention.

The inservice curriculum accommodated adult learning principles; therefore, content (a) was practical with emphasis on problem articulation and exploration of alternative solutions; (b) incorporated learners' experiences; and (c) offered opportunities for reflection and immediate application of skills and knowledge learned. A variety of instructional strategies were used to match intended outcomes. Theory, demonstration, practice, and feedback were incorporated as appropriate. Follow-up strategies were used which include group meetings, peer observation, development of a peer network, and long distance discussions.

The project evaluation addressed the effectiveness of the inservice program by assessing trainees' reactions, monitoring the self-selected learning plans, assessing knowledge and

competencies gained, and obtaining follow-up impact information. Evaluation data were used for program improvement, decision-making, and feedback to participants. The entire program reflected the fact that change is a long-term, non-linear, and gradual process built on peer support and individual needs.

III. Description of the Training Model, Activities, and Participants

A. The Training Model for The Wisconsin Family-Centered Inservice Project

The overall goal of the Wisconsin Family-Centered Inservice Project was to develop, demonstrate and evaluate a statewide program to provide inservice training to early intervention personnel and parents of children with special needs. The cross-disciplinary content focused on family-centered care, collaborative interdisciplinary teaming, service coordination, and problem solving for families with children, birth to three years of age, who have special needs.

The project was conducted in three phases corresponding to the three years of the project. **Phase I** consisted of the development, piloting and the first revision of the course content, strategies and materials based on a semester-long university course. **Phase II** consisted of conducting inservice training on two additional University of Wisconsin campuses, adapting the course content and procedures to distance technology, institutes, workshops, and for preservice training and the second draft of training materials; and **Phase III** consisted of the final revision of course content and procedures, production of project materials (i.e., training guide and video tape with companion guide) and dissemination activities focused on institutionalizing the inservice course content and procedures on University of Wisconsin campuses, Birth to Three programs and state agencies throughout Wisconsin.

1. Overall Course Design

The Wisconsin Family-Centered Inservice Project course was a multi-component and multi-level course providing participants options to individualize their involvement based on their needs and interests. The principal components of the inservice course were the for-credit semester-long course with adaptions to distance technology institutes and regional workshops, field-based experiences, and supported learning using the self-assessment and Individualized Learning Plan.

> **Component 1. Semester-Long, For-Credit Courses:** Project staff in collaboration with various advisory and review committees made up of parents, service providers, state agency personnel and university faculty, and faculty from the sponsoring University of Wisconsin campus sponsoring the WFCIP course drafted the course content, materials and activities. Three full semester for-credit (1 to 3 graduate or undergraduate credits) courses were offered. The formative and summative evaluations and feedback from each course were the basis for revisions for subsequent semesters.

A unique factor and one that significantly effected the overall positive impact of the WFCIP project was the manner in which university faculty were involved. Grant funds were used to "buy out" a cooperating faculty member for a semester long course. Since the participating university did not incur faculty costs for the course, they were willing to waive tuition to the level of the buy out for inservice students. University faculty co-taught the course with the project team. This model appeared to benefit all who participated. University faculty participated in a statewide project and benefitted from the experience and efforts of a highly skilled training team. Students benefitted by having the course offered at convenient times and for some, at least, with free tuition. Project staff had the opportunity to work directly and on a regular basis with a cooperating faculty member who shared their expertise and experience and helped to make sure that the course offering fit into the existing curricular progression.

Component 2. Field-Based Experience: Field-based activities were individualized for each participant in the course providing a wide range of options. The trainees were provided with examples of possible field experiences that would be considered appropriate activities. The number of hours of field experience was determined by the number of credit hours for which the course was offered. The activities were selected by the course participants to assist them in meeting their self-determined course outcomes. The course facilitator working with the participant was available to support the participant in arranging the field experiences that would best meet the participant's desired course outcomes.

Component 3. Learning Support—Self-Assessment and the Individualized Learning Plan: The inservice course employed a process that paralleled the relationship that a family experiences with a service coordinator in the early intervention process. Each trainee was assigned or selected a course facilitator who was available to assist the trainee in the development of an Individualized Learning Plan (ILP) that was based on the trainee's self-assessed competencies and priorities. The course facilitator was available throughout the semester, either on-site or through telephone or written correspondence, to support the trainee in achieving their outcomes by providing resources or arranging field experiences and to periodically monitor the ILP in collaboration with the trainee.

In addition, course facilitators structured the development of course assignments to promote the trainees working collaboratively on similar course outcomes. This allowed for participants to build a sense of community within the class that was beneficial to participants during and after the course was completed. Participants were encouraged to support each other in achieving course outcomes. Following the semester, a structure was put in place to develop peer follow-up meeting addressing issues related to the practice of early intervention.

Component 4. Course Adaptions: The three content areas of the inservice course were developed in integrated but separate modules. This allowed for ease in adapting the semester-long, for-credit course in a variety of ways. Parents and personnel in early intervention then had alternatives to the core courses taught on university

campuses. For example, participants located in rural areas without access to a university campus were able to take the course via distance learning using the educational teleconference network (ETN). Other participants preferences may have been met through shorter options such as institutes or workshops.

These course adaptions allowed for a range of student involvement options. Course offerings for continuing education units (CEU's), and undergraduate/graduate university credit. Amount of credit ranged from 1 to 3 depending on the trainees' time and selected level of involvement based on their available time and interests. Trainees that choose to participate for the full 3 credit graduate course participated in all course activities and assignments. Trainees taking the course for fewer credits or at the undergraduate, or CEU level were required to do proportionately less.

2. Course Content

The training content and activities were conducted at three levels: (1) awareness and orientation; (2) knowledge-based; and (3) skill-based. At each level, participants worked collaboratively with the project staff to assure that information and activities were meeting their needs and provided feedback about the course for subsequent courses. The following briefly describes each of the major content areas:

a) *Family-Centered Care:* The foundation of WFCIP was a commitment to the role of parents as decision makers and life-long managers for their children. Specific training competencies included: effective and facilitative communication strategies, developing mutual trust in parent-professional relationships, knowledge of family systems including formal and informal support networks, increasing sensitivity to cultural factors associated with family coping, fostering the role of parents as decision makers, assisting parents in goal setting, assessing family concerns, priorities and resources, and "family friendly" development of IFSP.

b) *Interdisciplinary/Interagency Teaming:* Content in this area included participation in team planning with parents and other specialists and service providers; team-based decision making, effective communication and negotiating skills; collaboratively planning a sequence of experiences for parents and child to facilitate smooth transition to new environments; knowledge of community resources and interagency collaboration.

c) *Service Coordination:* Content included information on federal and state law, evaluation of the various models of service coordination, presenting families with options related to the array of services available, screening and intake procedures, referral procedures, development of collaborative outcomes for the child and family, due process rights, development of local agency agreements, funding options, identification and coordination of resources, prioritization of needs, enabling and empowering parents as service coordinators at the level they choose.

Content was presented using a problem-solving approach. Inherent in all content areas was the presentation, teaching and use of problems-solving techniques. Procedures used included

identification of needs, generation of desired outcomes, exploration of possible solutions or approximations to desired outcomes, identification of challenges or obstacles, identification of possible strategies, selection of actions, redirection of efforts based on initial results, seeking of support and assistance, advocacy for release and use of resources, negotiations with relevant individuals, identification of decision makers, monitoring of progress toward goals, and reformulation of strategies.

Family and Professional stories were used to demonstrate techniques and possible outcomes. Stories generated closely reflected the types of problems that trainees were likely to encounter in their work.

3. Materials Development

The development of each material followed a similar path to production. Project staff, hired parents, or consultants collaborated on the initial draft. The draft was reviewed by interested individuals with expertise in the topic area who represented the various disciplines and perspectives including parents, local service providers, teacher trainers, researchers, and policy makers. Suggested revisions were incorporated into a final draft piloted in the inservice course. Final versions incorporated knowledge gained in the field test.

Materials developed through the Wisconsin Family-Centered Development Project included: a) a resource guide titled *Partnerships in Early Intervention: A training Guide in Family-Centered Care, Team Building, and Service Coordination*; b) a video and companion guide titled *Parents and Professionals, Partners in Co-Service Coordination*; c) the *Self-Assessment of Skills and Knowledge in Cross Disciplinary Aspects of Early Intervention*; and d) The *Parent-Professional Co-Service Coordination Scale*. These four products are described in more detail on page 12.

All developed materials were submitted to Part H staff at the Department of Health and Human Services and the relevant committee of the ICC for their review and comment. This was to assure that the information disseminated through WFCIP was consistent with guidelines established by the state's agencies involved in the birth to three effort.

B. Activities for The Wisconsin Family-Centered Inservice Project

1. Training Activities

The two tables on the following page highlight and summarize the major course and training activities carried out during the three years of this inservice project. The activities have been categorized into core courses taught, adaptions of the core course, and state and national presentations where the content areas and training process of WFCIP were offered.

TABLE 1

CORE COURSES				
LOCATION	TITLE	CREDITS	# PARTICIPANTS	DATE
UW-Milwaukee	EX. ED. 360-589. Workshop in Exceptional Education: Working with Families and Young Children with Special Needs	3	25	fall semester 1991
UW-Eau Claire	SPED 495/695. Working with Families and Young Children with Special Needs	2	21	spring semester 1992
UW-Whitewater	SPED 480-496/696. Interdisciplinary, Family-Centered Care in Early Intervention	3	17	fall semester 1992

TABLE 2

COURSE ADAPTIONS			
LOCATION/ADAPTION	CREDITS	# PARTICIPANTS	DATE
UW-Eau Claire— SPED 495/695. Service Coordination in Early Intervention. A course presented via the Educational Teleconference Network (ETN).	1	13	summer session 1992
Wisconsin Dells, WI— Summer Institute: Team Building, Communication and Conflict Management in Early Intervention. Continuing education credit available from the Wisconsin Nurses Association and the Department of Public Instruction for this 2-day institute.	12.3 contact hours	22	June 17-18, 1992
Oshkosh, WI— Summer Workshop: The Challenges of Teamwork in Early Intervention. Continuing education credit available from the Department of Public Instruction for this 1-day workshop.	.6	23	May 12, 1993
UW-Madison— Nursing 692-590-004. Interdisciplinary Issues in Early Intervention.	1 --- 2	40 --- 9	spring semester 1992 --- spring semester 1993
Salt Lake City, UT— Summer Institute III: Professionals Working with Young Children with Developmental Delays and Their Families sponsored by the University of Utah and the Utah State Office of Education, Department of Special Education and the Utah Statewide Preschool Inservice Network.	graduate credit and/or credit for the Preschool Certification Project	60	July 26-29, 1993

Over the course of the grant, numerous presentations were given at conferences and poster sessions related to the content and process of the Wisconsin Family-Centered Inservice Project. Several of the presentations are summarized below:

TABLE 3

GRANT PRESENTATIONS			
TITLE	PRESENTED AT	STAFF MEMBER	DATE
Wisconsin Family-Centered Inservice Project: Evaluating Outcomes	NEC*TAS Evaluation Meeting. Denver, CO.	Peggy Rosin George Jesien	June 10, 1992
Parents and Professionals as Co-Service Coordinators	Partnerships for Progress V Conference. Washington, DC.	Amy Whitehead Peggy Rosin	August 11, 1992
Wisconsin Family-Centered Inservice Project: Preparing to Meet the Challenges of Working Together in Early Intervention	Wingspread II: Personnel Preparation in Early Intervention Racine, WI.	Peggy Rosin	October 6, 1992
Self-Assessment and the Change Process: Applications to Training in Early Intervention	Division for Early Childhood International Conference. Washington, DC.	Linda Tuchman George Jesien Peggy Rosin	December 5, 1992
Wisconsin Family-Centered Inservice Project	Division for Early Childhood International Conference. Washington, DC.	Peggy Rosin George Jesien Linda Tuchman	December 4, 1992

2. Materials Development

Four major products developed during the Wisconsin Family-Centered Inservice Project were:

a) *Partnerships in Early Intervention: A Training Guide on Family-Centered Care, Team Building, and Service Coordination.* This resource guide is a compilation of the content and activities used in the WFCIP inservice courses. The guide includes a series of family and professional stories based on real life situations reflecting the populations and cultural diversity to be served in Wisconsin's programs. The stories posed a number of challenges including non-traditional families, multiply challenged children and families, non-responsive service systems, lack of resources, etc., used with each of the major topic strands. Training activities and readings were developed and selected so they directly related to situations and practice in Wisconsin so trainees could see immediate applicability. The training guide contains background information, relevant reading, and a range of suggested training activities.

The guide is organized into three modules: 1) Family-Centered Care: Building Partnerships Between Parents and Service Providers; 2) The Early Intervention Team: Interdisciplinary and Interagency; and 3) Service Coordination. Each module is introduced by a story to

facilitate problem solving related to the issue raised through the modules content. Each module is divided into strands containing: 1) an introduction; 2) objectives for the strand; 3) an outline of the strand's content; 4) supporting text; 5) an activity or series of activities; and 6) readings and bibliography. The Western Region Faculty Institute for Training has recently identified the guide as an "outstanding training tool for faculty, other trainers, and service providers in the field of early intervention." The draft review of the guide for inclusion in their Early Intervention Training Curriculum Compendium is in Appendix A.

b) *Parents and Professionals: Partners in Co-Service Coordination.* This videotape and companion guide was developed to support the content of the third module of the training guide and one of the essential content areas of the WFCIP course, i.e., service coordination. This video depicts three families' relationship to the complex service delivery system. The video and guide are intended to provoke discussion related to service coordination among the viewers. The video and guide also provide information about what Part H of the Individuals with Disabilities Education Act has to say about service coordination. There is focus on the process and partnership that can develop when parents and service providers enter into a service coordination relationship. One model of service coordination, co-service coordination, is defined and highlighted in both the video and guide.

c) *Self-Assessment of Skills and Knowledge in Cross-Disciplinary Aspects of Early Intervention.* This self-assessment corresponds to the knowledge and skills targeted by the three content areas of the WFCIP course. It is comprised of four components including: 1) the Open-Ended Questionnaire; 2) the Skills and Knowledge Self-Assessment; 3) an Individualized Learning Plan; and 4) Reflections on the Individual Learning Plan and Future Directions form. Each component of the self-assessment is used in assisting the course participant in selecting, prioritizing, monitoring, and evaluating their course and future outcomes. This self-assessment was also used as a pre- and post test measure to measure change in the participant's understanding and skills related to course content (Appendix B).

d) *Parent-Professional Co-Service Coordination Scale.* This tool consists of two scales with parallel categories including family-centered care, parent-professional partnerships, service treatment plans, teaming, and communication. The scale allows parents and professional to self-assess their skills and knowledge in these important areas of partnership in service coordination. A rating scale is provided for participants to determine the extent to which he/she demonstrates the behavior. The scale could be easily adapted to be used as an observational tool during a parent-service provider exchange.

3. Dissemination Activities

A major effort was exerted to share WFCIP materials and course content and process through a variety of means such as:

a) —distributing complimentary copies of *Partnerships in Early Intervention: A Training Guide on Family-Centered Care, Team Building, and Service Coordination* to all members of the Wisconsin Higher Education Consortium (WHEC), appropriate state agency personnel from the lead agency, health and education, all WFCIP advisory committee members, interested staff at the Waisman Center a University

Affiliated Program, NEC*TAS, and to select national experts who contributed to WFCIP over its three year tenure.

b) —distributing complimentary copies of the *Parents and Professionals, Partners in Co-Service Coordination* videotape and companion guide. The videotape and guide were distributed in a similar fashion.

c) —advertising the availability of the WFCIP resource guide and video through various means including: direct mailing of promotional flyers to potentially interested university faculty, agencies, Birth-to-Three Program directors, and other EEPCD project directors throughout the country; purchasing advertisements in two professional journals; placing announcements in several nationally distributed newsletters and through computer billboards (e.g., Specialnet); and distributing flyers and displaying products at various state, regional and national meetings and conferences.

As of October 15, 1993, roughly 1,100 video and 500 resource guide flyers have been mailed. To date, 97 complimentary copies of the resource guide have been distributed (81 in Wisconsin) and 61 have been purchased. Forty-nine complimentary videotapes and companion guide have been distributed (35 in Wisconsin) and 107 have been purchased.

Another major method for dissemination of the WFCIP course content and products has been through numerous presentations at state, regional and national conferences by core staff.

4. Assurance of Parent Involvement in All Grant Activities

The goal of parent participation was infused in all project activities, yet it was thought important enough to be addressed separately. The inservice course was based on the premise that parents are partners on the early intervention team and are decision makers for their child and family. Course content emphasized recognizing a family's competence and building on its strengths in a positive, respectful way. To ensure that the parent's perspective was represented, parents were part of all WFCIP activities. Listed below are the primary methods through which this goal was achieved:

a) A parent of a child with disabilities, was hired as a Family Facilitator for the project. She was an integral staff member who assisted in insuring that families' perspectives were considered in all WFCIP activities, trainings, and materials development.

b) The Parent Advisory Review Panel was made up of six parents from across the state. They constituted a diverse group of parents who reviewed all project materials as paid consultants. Parents were selected based on their interest in statewide policy development in early intervention and their ability to represent cultural, economic, and geographic diversity. This group provided the project with concentrated focus on the sensitivity of materials to families.

c) There were three parent members on the WFCIP Advisory Committee. These

parents were invited to assure that the direction of all project activities had a family-centered philosophy as its guiding force.

d) Each training conducted by WFCIP had parents as hired consultants for teaching course content and to present a variety of family stories.

e) Parents were recruited to be participants in WFCIP core and adapted courses. Parent tuition waivers or scholarships were offered to encourage parent participation. Parent input during class discussion and their availability to respond on an on-going basis, providing the parent's perspective was invaluable.

5. Evaluation Activities

Evaluation activities were ongoing throughout the three years of the project. Continuous application of assessment measures helped to reshape and refine the WFCIP course and materials to their final form. At the outset of the project, outcomes were defined related to trainee change and satisfaction, impact on early intervention services, and course and materials' usefulness and impact. Multiple data sources were used to collect data related to meeting project outcomes. Both quantitative and qualitative measures were applied and analyzed to evaluate the success in achieving WFCIP outcomes. Specifics related to the evaluation plan, outcomes, measures, and results are detailed in Section V, Evaluation Findings, of this report on page 18.

C. Participants for the Wisconsin Family-Centered Inservice Project

Over the three year period of the project, 230 people participated in a core course or its adaptions. Since WFCIP focused on interdisciplinary inservice training, we were interested in the extent and type of the course participant's experience and the discipline each participant represented. We were able to collect demographic information through use of an Individual Participation Form on 160 of the participants. Data was collected on all core course participants. Participants had an average of 8.9 years of professional experience (range 0—28 years). An average of 6.4 of those years of experience was with children and families.

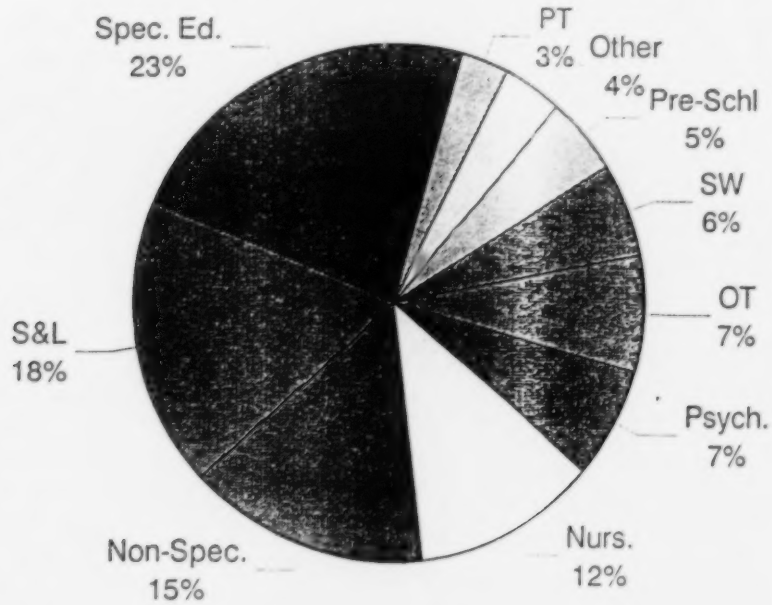
Of the 160 participants on whom information was collected, 16% were parents of children with special needs. Of fourteen disciplines represented in early intervention, the course attracted participants from all disciplines except audiology, medical doctors, and rehabilitation. Figure 1, *Professional Disciplines*, on the following page illustrates the breakdown of the percentage of participants from the remaining disciplines.

To further define the WFCIP course, participants were asked to list their highest degrees earned. Figure 2, *Highest Degree*, on the following page provides a summary of their previous education.

FIGURES 1 AND 2

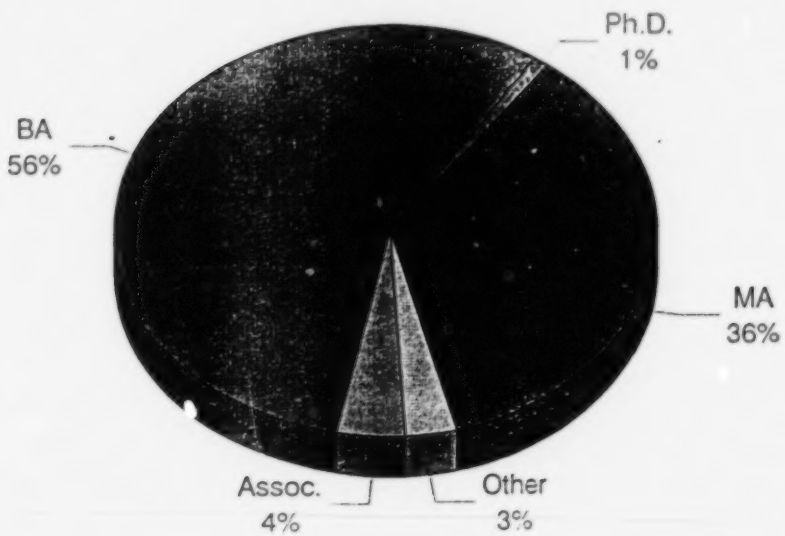
Professional Disciplines

WFCIP Course Participants



Highest Degree

WFCIP Course Participants



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Participants were asked about their previous course exposure to family-related content and early intervention. Of the 150 participants who responded to these questions, 75% had previous exposure to family content in courses. Participants who responded positively to this question had multiple courses with family content. On average, participants had 2.74 full courses (N=85) and 6.58 courses where part of the course was dedicated to family content (N=81). Seventy-two of those participants responding (N=149) had exposure to early intervention courses. Seventy of the participants had taken courses dedicated to early intervention. Of these seventy participants, an average of 3.3 full courses had been previously taken.

IV. Methodological or Logistical Problems

In general, the outcomes of the Wisconsin Family-Centered Inservice Project were successfully accomplished without methodological or logistical problems. However, a few challenges were encountered which bear some mention. Four of the chief challenges were:

1. —establishing a peer network following the WFCIP course consisting of former participants. The peer network was to serve as a forum for ongoing information sharing and creative problem solving related to issues participants encountered in their provision or receipt (in the case of parents) of early intervention services. Following the WFCIP course, a needs assessment was mailed to participants related to their interest in the peer network, preferences for topics for discussion and availability. Most participants responded positively to the formation of the peer network and the topic of cultural diversity as it was chosen as the most frequently requested topic. Two paid guest speakers were invited. The turn out was disappointing with only four participants attending the event. More discussions and an additional needs assessment resulted in a second meeting of the peer network. Those few participants who attended were positive about continuing the peer network, but when discussion turned to how the network could continue with WFCIP staff only in a supportive role, enthusiasm waned.

The logistical problems in establishing the peer support network were both geographic and resource based. The WFCIP course attracted participants from as far away as two hours by car. This made it difficult for some to make an ongoing commitment to the network. Also, the issues related to early intervention can change substantially from one county in Wisconsin to another and, therefore, some participants felt that it would be more useful to develop a network that was based on location. One strength of WFCIP course was the great diversity of participants who differed in employment background, education, service settings, etc. As participants wanted to solve real problems related to their own practice, they felt that working with their own teams was essential.

2. —training via the Educational Teleconference Network (ETN) which presented challenges inherent in the medium, i.e., the lack of in-person interaction. Although the course was positively rated by the participants, the audio-only nature of ETN limited interactions that may be critical for skill building.

3. —recruiting parent participants to be members of the WFCIP course. Initially, the brochures advertising the course did not specifically encourage parent participants. Parents did, however, participate in the early offerings of the WFCIP course. It was clear that having parents as participants added a dimension that we had not anticipated. Since the course intended to promote parent-professional partnerships throughout the cross-disciplinary content it was essential to have parents as course members in addition to paid staff, consultants, and guest speakers.

4. —offering the WFCIP course off-campus rather than in an on-campus facility. The course offered through the University of Wisconsin-Milwaukee was held each evening at a different Birth-to-Three Program through out the city and surrounding communities. This allowed participants to visit the site, meet key staff, and receive a brief overview of the program and facility. Pros and cons abounded to this decision. Pros were essentially those mentioned above, in that participants gained familiarity with the early intervention programs in the community. On the negative side, it was stressful for some participants who were unfamiliar with the city to make their way and secure parking. From the organizers perspective, some of the facilities were more conducive to training (e.g., size of room, availability of audio-visual equipment) than others.

V. Evaluation Findings

A. The Evaluation Plan

A triphase evaluation model suggested by Johnson & LaMontagne (1993) guided the evaluation plan for the Wisconsin Family-Centered Inservice Project. This judgement-based model is composed of three interwoven phases. In Phase I: Input Phase, information was gathered to assess the needs of WFCIP's stakeholders. The project's original design, course and materials reflected identified needs. Various sources were employed during the input phases including: course participants, advisory committee, management team, Parent Advisory Review Panel, Part H coordinator, state and national consultants, core staff meetings, faculty members involved in sponsoring the course, literature reviews on best practice and current research, and previous state and national needs assessments. These sources were tapped on an ongoing basis throughout the project to assure that WFCIP outcomes were being met.

In Phase II: Process Phase, various methods were used to monitor and refine the course content and materials. Similar sources, as used in the Input Phase, provided evaluative feedback on the content and process of the course and the resultant materials. Revisions to the course, training guide and videotape and companion guide were completed on an on-going basis. The Phase III: Outcome Phase determined whether WFCIP had the intended impact on the project's stakeholders. Principle stakeholders were parents and early intervention personnel who participated in the core WFCIP course and its adaptions. Other stakeholders include those who use the WFCIP materials (i.e., training guide or videotape in their inservice and preservice training) in Wisconsin and nationally. Both quantitative and qualitative analyses served as the basis for measuring whether WFCIP had met its goals and project outcomes.

B. Wisconsin Family-Centered Inservice Course Outcomes:

Expected outcomes for the WFCIP course were:

1. —for participants to value, understand and apply the principles of family-centered care in service to children with special needs and their families.

2. —for participants to value, understand and practice interdisciplinary teaming and principles of collaboration in service with special needs and their families.

3. —for participants to value, understand and apply skills for service coordination to children with special needs in collaboration with their families.

4. --to effect a positive change in how the course participants provide early intervention services in that services are family-centered, interdisciplinary, coordinated and community-based.

5. —to develop a course which participants find useful and enjoy.

6. —to develop, implement and evaluate a course whose content, strategies, and materials are relevant, interesting, sensitive to families, and have a positive effect on the participant's practice in the delivery of service to children with special needs and their families.

C. Evaluation Measures

An *Evaluation Matrix* (Table 4) summarizes the data sources and the major outcomes of the WFCIP course. To evaluate trainee change in attitude, knowledge, and skills in the three content areas of family-centered care, interdisciplinary and interagency teaming, and service coordination, a series of pre/post test measures were used. These measures included:

1. Attitudinal Measures
   —Issues in Early Intervention (Humphry & Geissinger, 1990)
   —The Interdisciplinary Team in Early Intervention (McWilliam, 1990)
   —Concept Scale (Rosin & Jesien, 1991)

2. Skills and Knowledge Measure
   —The Self-Assessment of Skills and Knowledge in Cross Disciplinary Aspects of Early Intervention (Rosin, Tuchman, Whitehead, & Jesien, 1991) (Appendix B)

Each measure was completed by course participants prior to exposure to course content and activities and was readministered at the end of the course.

To evaluate trainee change related to impact on their subsequent practice in early intervention and to gather information about the usefulness and relevance of the course, a follow-up

Table 4

WISCONSIN FAMILY-CENTERED INSERVICE PROJECT

EVALUATION MATRIX FOR THE WFCIP COURSE

Data Sources	Trainee Change				Trainee Reaction		Course		
	Attitudes	Knowledge	Skills	Impact EI	Usefullness	Enjoyment	Content	Strategies	Materials*
PRE/POST MEASURES *Rating Scale* Issues in E.I. ID Team in E.I.	X			X					
Semantic Differential	X								
Focused Interviews	X			X					
SELF-ASSESSMENT SURVEY		X	X						
COURSE EVALUATION *Consumer Satisfaction*					X	X	X	X	X
ADVISORY COMMITTEE							X	X	X
MNGEMENT TEAM							X	X	X
PARP							X	X	X
TRAINING SITE REPS							X	X	X

KEY: X = Primary Source

*MATERIALS: observation tool, guide to collaborative problem solving, videos, resource manual

interview was conducted. Each participant who attended the core course was contacted 3 to 4 months following the course and was asked a series of structured questions. The interviews were transcribed and a content analysis (Johnson & LaMontagne, 1993) was performed.

In addition to the information gained through structured interviews, each participant completed an evaluation of the course. They rated the overall course, its organization, the usefulness of course strategies and assignments, the relevance of the course to their work or life, and parents as presenters. Four open-ended questions were asked including what the most useful elements of the course were, suggestions for improving the course, content covered, and a space to make other comments. This course evaluation format was slightly modified for course adaptions.

To evaluate the wider impact of the WFCIP course and its materials, additional methods were used: 1) all WFCIP products that were distributed included an evaluation form asking for feedback about the product's usefulness, the best features, how it could be improved, and seeking how the user had applied the material in their teaching; and 2) faculty who co-sponsored the core WFCIP course were contacted at the conclusion of the project and asked to respond to a series of question that evaluated the course and its possible subsequent impact on their current preservice and inservice training.

D. Evaluation Results

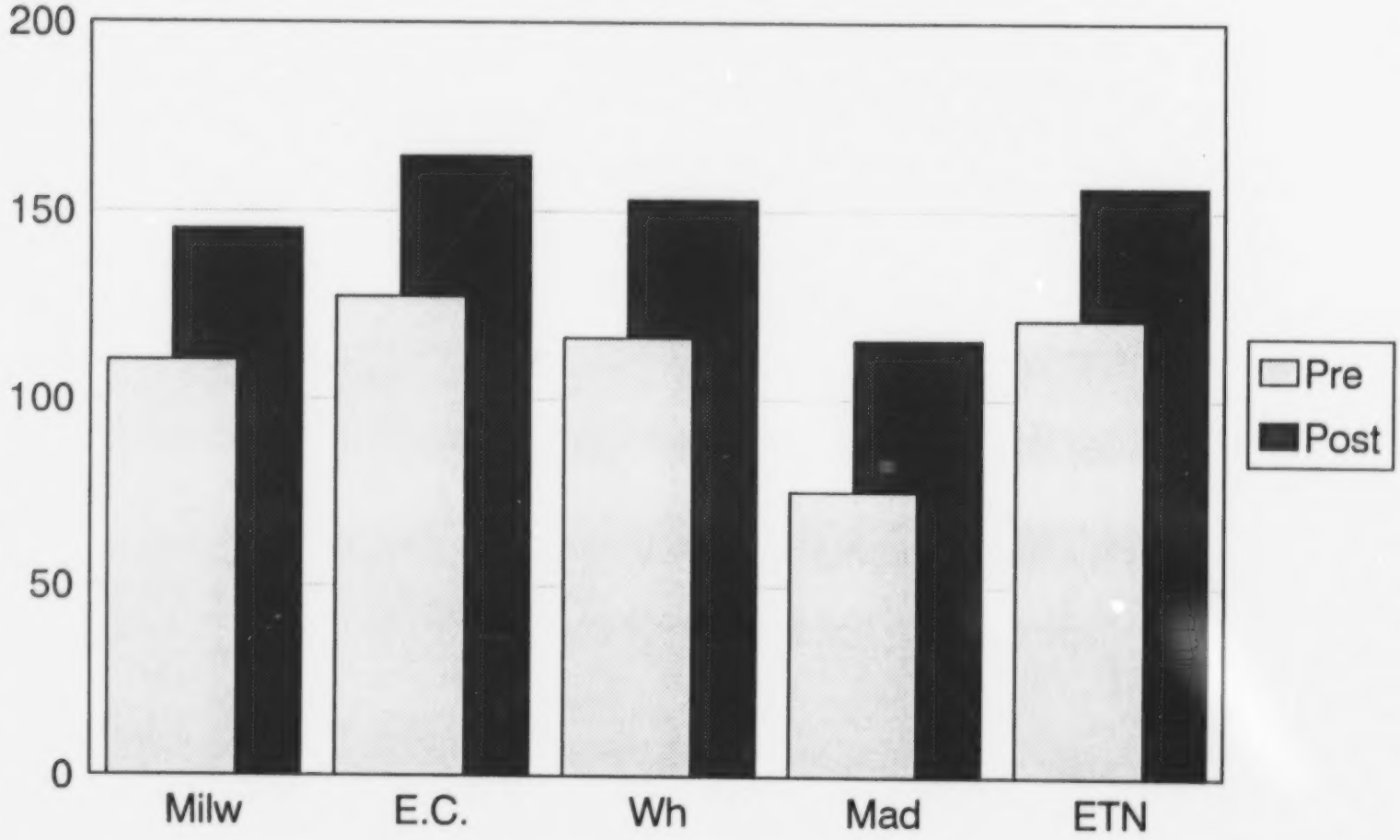
1. Trainee change of skills and knowledge:

The Self Assessment in Skills and Knowledge in Cross Disciplinary Aspects of Early Intervention (SKSA) (Appendix B) was developed to measure trainee change. A Matched Pairs Test Comparison of pre- and post-test scores on this measure revealed significant change for all groups (core course and course adaption participants) for both knowledge and skills in the three primary content areas covered by the course (i.e., family-centered care, interdisciplinary teaming, service coordination). Table 5, Self-Assessment Results, shows the pre- and post-test total scores for the three core courses held on the University of Wisconsin campuses in Milwaukee (Milw), Eau Claire (E.C.), and Whitewater (Wh) and two of the course adaptions one at the University of Wisconsin-Madison (Mad) and via the Educational Teleconference Network (ETN).

Table 5

Self-Assessment Results

Skills & Knowledge



2. Trainee Change in Attitude:

Three attitudinal scales, developed or existent, were applied as pre- and post-test measures to determine if course participants had significant change in their attitude toward issues in family-centered care, teaming and service coordination. There were no statistically significant pre- to post-attitude changes elicited through the administered scales. However, qualitative information derived through follow-up interviews support that participants reported meaningful changes in their attitudes.

Follow-up interviews with core course participants are currently being submitted to a content analysis to determine the course's impact on participants and their subsequent provision of service. Preliminary findings, based on analysis of twelve of transcribed interviews, revealed that participants reported definite and positive changes in themselves and their practice as the result of their participation in the WFCIP course. In categorizing the participant's responses to the question of the course's impact on early intervention services, two categories predominated. These categories were personal impact (i.e., changes within the participant including awareness, attitude, knowledge, skills or goals), and impact on how services are delivered (i.e., benefits from the course that influenced how early intervention services are delivered but excluding changes in interaction style). Within the category of personal impact, participants most frequently cited changes in knowledge and understanding and awareness and attitude as the most noticeable outcome from participating in the WFCIP course.

3. Trainee Reaction to the WFCIP course:

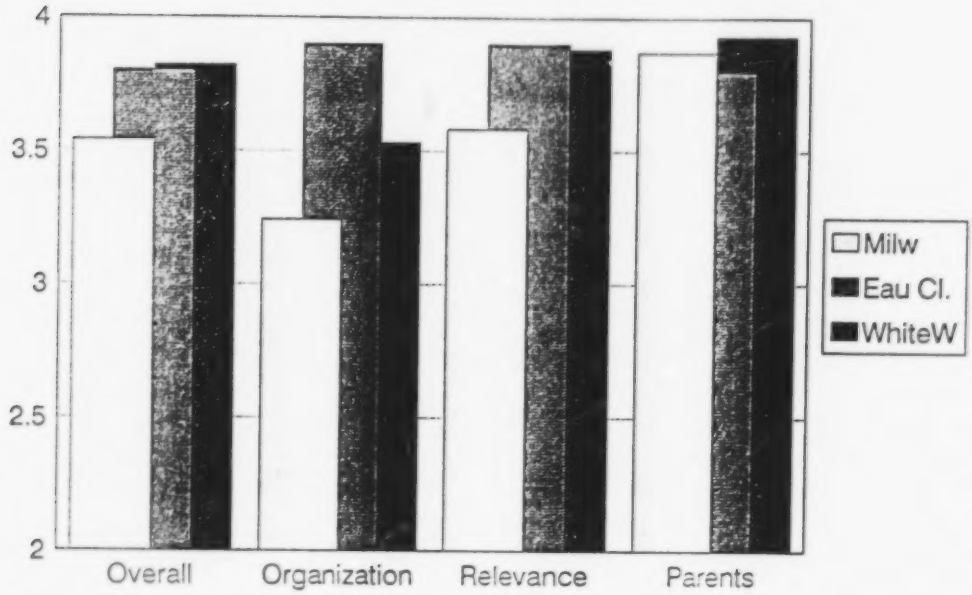
Participant's reactions were measured to determine whether two of course outcomes were met: a) developing a course that the participants found useful and enjoyable; and b) a course whose components were relevant and interesting. An evaluation measure consisting of both quantitative and qualitative ratings and reactions was used to gather the data (Appendix C). Participants gave the course an overall rating, and rated the course's organization, relevance to their work or life, and the use of parents as speakers within the course. Ratings were on a 4-point scale. Table 6, *Overall Course Evaluation*, shows very positive reactions to the three core course presentations. It should be noted that the ratings were substantially higher for the second and third presentation of the WFCIP course. This is thought to be reflective of the revisions in the course after the initial pilot and feedback in Milwaukee.

A similar 4-point rating method was used to gather the participant's evaluation of the various course components including: materials (i.e., course readers, handouts, individualized resources); strategies (i.e., lecture, discussions, within class activities); and assignments (i.e., self-assessment and use of an Individualized Learning Plan, written and oral project, field-based activities, book review). Table 7, *Course Components*, provides a summary of the findings. Again, the positive, yet lower, ratings for Milwaukee may be because it was the site for the initial pilot of WFCIP.

TABLES 6 AND 7

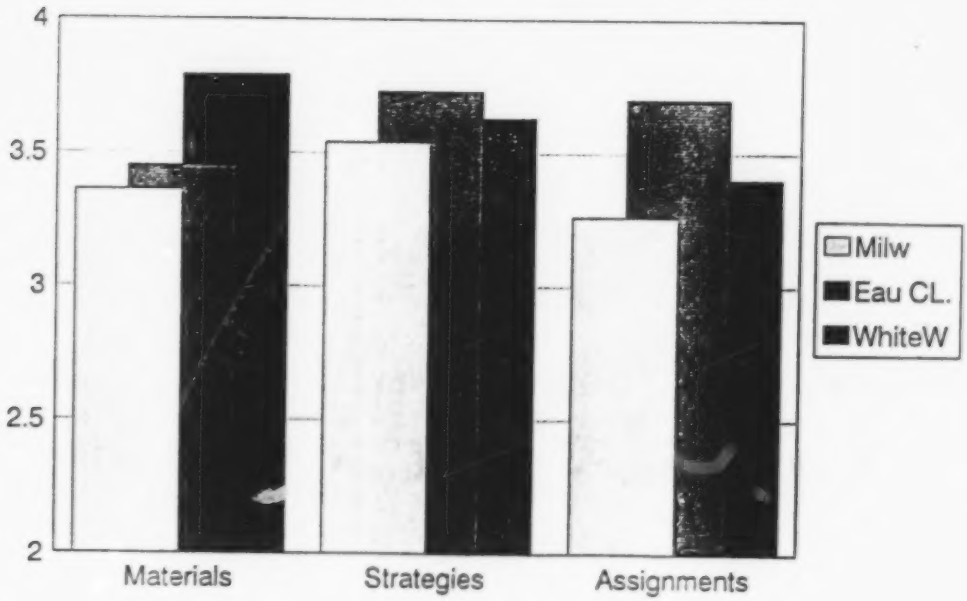
Overall Course Evaluation

Participant Reactions



Course Components

Participant Evaluation



VI. Project Impact

A. Impact of the Wisconsin Family-Centered Inservice Project

The Wisconsin Family-Centered Inservice Project intended to build the state's capacity to provide informed and appropriate early intervention services. Through WFCIP, over 230 parents and an interdisciplinary group of service providers from across the state have received training. Each participant has the potential to effect change at a personal, program or broader interagency or state level. Section B: Impact of Course Materials following this section, provides more detail on how the project's impact has been achieved through participants' course activities.

Course materials have been distributed widely throughout Wisconsin to state agency representatives, Birth-to-Three Programs, faculty associated with the Wisconsin Higher Education Consortium in Early Intervention, and other appropriate persons providing training. Feedback via interviews with the faculty involved in co-teaching the WFCIP courses and surveys and evaluations of the WFCIP materials lead to the conclusion that the materials have had a notable impact on both preservice and inservice training in the state.

B. Impact of the WFCIP Course

As clearly indicated in the project's evaluation results, the Wisconsin Family-Centered Inservice Project has made a significant impact on the course participants and ultimately on their service to children and families in early intervention in the state. Both the quantitative and qualitative findings suggest that trainees felt a personal impact related to attitudinal changes and their knowledge and skills in the three content areas. Beyond the personal changes, participants reported change in: 1) how they interact with families and other members of their early intervention team; 2) how services are delivered related to methods and techniques used in the Individual Family Service Plan process, service coordination, transition practices, use of informal community supports, materials or formats that support services, or a change in the Birth-to-Three program's structure or orientation; and 3) how their program interacted with systems outside their program.

An unexpected positive outcome was reported by faculty directly involved in teaching the WFCIP core course. Following their co-sponsoring of the WFCIP core course, faculty were left with course content and materials that have been infused into subsequent courses related to families and early intervention.

C. Impact of Course Materials

Various methods were used to determine the impact of the course materials on inservice and preservice training in the state and nationally. These methods included: 1) evaluation forms accompanying the materials; 2) follow-up surveys to persons in Wisconsin who received the guide; 3) a log of requests from various sources to use the materials; and 4) telephone interviews with faculty who participated in the WFCIP courses.

An evaluation form was included in each copy of *Partnerships in Early Intervention: A Training Guide on Family Centered Care, Team Building, and Service Coordination* disseminated. Only 5 persons have returned the evaluation form. On a 4-point scale, all respondents rated their overall reaction to the guide as 4-very positive and 4 of the 5 respondents rated the usefulness of the guide as 4-very positive while one respondent rated it 3-positive.

A follow-up survey was sent to faculty participating in the Wisconsin Higher Education Consortium and other interested university faculty who received the training guide. Sixteen surveys were returned from an interdisciplinary faculty representing public and private colleges and universities and a technical college within the state. Again, a 4-point scale was used to rate the overall reaction to the guide and its usefulness. A 3.78 rating was obtained for the reaction to the training guide and 3.65 for usefulness.

A log of inquiries for various uses of the training guide was kept. Some examples of requests for using the training guide included:

—University of North Carolina at Chapel Hill to use sections in a summer course for early childhood special education students,
—American Occupational Therapy Association,
—Part H Two Year Old Program Liaison for Fairfax County, Virginia Public Schools,
—Director of the Louisiana's University Affiliated Program to use it in statewide inservice, undergraduate preservice, paraprofessional training and new staff orientation,
—Program Coordinator for Parent to Parent of Vermont to assist in training parents as service coordinators under the Part H system,
—use by an instructor teaching day care providers at a technical college,
—managing editor, of the Early Childhood Reporter (ECR) to reprint the list of *Guidelines for Facilitating Successful Transitions* from the guide in an upcoming issue of ECR.

The three university faculty participating in the WFCIP core courses were questioned about the impact the WFCIP materials have had on their subsequent teaching and also whether they have distributed the materials to others. Each faculty person was definite that the WFCIP materials have been incorporated into other courses, seminars and used with individual students. Dr. Hains at the University of Wisconsin-Milwaukee said she has used the materials in a lot of different ways and that it has been enriching to infuse the materials into her classes. She stated that it was probably an underestimate, but that at least 100 students had been exposed to the WFCIP materials through her courses and that she has shared some of the materials (e.g., descriptions of the eco-map) with other faculty and agency directors in Milwaukee. Dr. Franks at the University of Wisconsin-Eau Claire has used the materials twice as the basis of seminars he has taught and that he has dovetailed the materials into methods courses he teaches in Special Education. Dr. Franks stated that he has shared the training guide with many of his students and has sent a copy of the training guide to the Soviet Union as part of an information exchange.

VII. Future Activities

There are at least four future activities planned for the continued evaluation and dissemination of WFCIP's course materials. These include:

1. The WFCIP training guide, *Partnerships in Early Intervention: A Training Guide in Family-Centered Care, Team Building and Service Coordination*, has been accepted with major revisions for publication by the Paul H. Brookes Publishing Co., Inc., Baltimore, Maryland. The authors are currently negotiating a Memorandum of Agreement with Brookes. The revised manuscript will be submitted for publication by September 1, 1994.

2. In the fall of 1993, a survey of the Wisconsin Higher Education Consortium will be conducted to determine whether the WFCIP training guide and videotape are being used. If faculty are using the materials, evaluative feedback will be collected.

3. There is an intent to submit an article for publication by January 1, 1994 to *Topics in Early Childhood Special Education*. The call for papers for this journal matches the information gained through WFCIP. This dissemination method allows for a wider readership who might be interested in the content, process, and evaluation findings of WFCIP.

4. There will be continued dissemination of the WFCIP training guide and videotape and companion guide through flyers to interested groups and individuals and by making information about the products available at state and national meetings and conferences.

5. The WFCIP was a catalyst for the submission of an additional inservice grant focused on service coordination. During WFCIP, the state of Wisconsin has moved into full implementation of Part H. Service coordination is seen as the cornerstone to providing family-centered services.

VIII. Assurance Statement

To assure that the full final report is accessible, a copy has been sent and is available through:

ERIC/OSEP Special Projects
ERIC Clearinghouse on Handicapped and Gifted Children
Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

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APPENDICES

APPENDIX A
DRAFT

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Curriculum Review

Title: Partnerships in Early Intervention: A Training Guide on Family-Centered Care, Team Building, and Service Coordination

Author(s): Peggy Rosin, Amy Whitehead, Linda Tuchman, George Jesien, & Audrey Begun (Edited by Liz Irwin)

Publication Date: 1993

Publisher: The Early Intervention Program
Waisman Center--Room 231
1500 Highland Avenue
Madison, Wisconsin 53705-2280

Number of Pages: 106 pages plus approximately 30 pages of appendices and 34 pages of handouts/overheads

Cost: $35.00 plus $3.00 for shipping/handling

Overview: The Partnerships in Early Intervention curriculum is intended to support inservice training in three key cross-disciplinary areas: family-centered care, interdisciplinary and interagency teaming, and service coordination. The curriculum was developed through a 3 year OSERS project titled the "Wisconsin Family-Centered Inservice Project". It is a fairly complex and sophisticated curriculum, yet also designed with flexible usage in mind. It is organized into three modules each of which itself is organized in three or four distinct "learning strands". The various components of the curriculum can be used in a way that meets the learning needs of the particular inservice training group; and the trainer(s) can be assured of up to date content attractively packaged with handouts, activities, discussion questions, and well-specified objectives.

Features and Format: The first module in this curriculum is titled "Family Centered Care: Building Partnerships Between Parents and Service Providers". The three learning strands within this module are: 1) The Theoretical Basis for Family-Centered Care, 2) The Diverse American Family, and 3) The IFSP Process. The second module is titled "The Early Intervention Team: Interdisciplinary and Interagency". The three learning strands within this module are: 1) The Team as Defined by Part H of IDEA, 2) Models of Teaming, and 3) Team Dynamics and Communication. The third module in this curriculum is titled "Service Coordination". The four learning strands within this module are: 1) Service Coordination and Part H of IDEA, 2) Models of Service Coordination in Early Intervention, 3) Roles of Service Coordination, and 4) Collaboration.

Each module starts off with one or more stories. Here, and in other places in the curriculum, narratives are provided (trainers are also encouraged to bring in additional "stories") to stimulate active thinking and learning about key issues. Following the introductory stories, the learning strands are presented. Each learning strand includes 1) an introduction, 2) objectives for the strand, 3) an outline of the strand's content, 4) supporting text, 5) an activity or series of activities, and 6) readings and bibliography. Most of the strands also include discussion question. In the supporting text, key points are very well highlighted and attractive, clear tables and figures are included to summarize and accentuate important material. There are a total of 18 tables and 7 figures in the curriculum so the use of such graphic aids is rather extensive. The discussion questions are provocative and well-phrased. The "activities" are extensively described with careful step-by-step instructions for the instructor about how to conduct each activity.

Additional materials for the curriculum are included after the main body of the course Appendices A through H and in a "folder" of 34 handouts. Some of the handouts are duplicates of tables or figures included earlier in the text. Almost all of the handouts would be suitable for transforming into overheads for projection.

This curriculum was a key product of the **Wisconsin Family-Centered Inservice Project** which was charged with piloting, field-testing, and documenting a "...regionally distributed for-credit inservice course for related services personnel in cross-disciplinary issues related to Part H of IDEA. The actual curriculum has multiple uses and is reported to have been successfully used for both inservice and preservice training. The curriculum was developed in accordance with four guiding principles. These are listed in the introduction as: 1) **the family is at the center of all early intervention services**, 2) **the early intervention team is interdisciplinary**, 3) **the inservice design is based on principles of adult learning**, and 4) **the inservice course models key principles essential in working with families in the early intervention process**. The content and structure of this curriculum appear to be consistent outgrowths from these guiding principles.

Objectives, Evaluation of Effectiveness, and Field Testing: The objectives for each learning strand are explicitly stated at the beginning of each strand. Across strands, the number of objectives listed ranges from a low of 2 to a high of six. The objectives appear to be accurately tied to the content and activities of each strand. A minor criticism of the objectives in this curriculum is that they tend be internal to the learner and not phrased in measurable or demonstratable terms. For instance, objectives such as "...understand elements and dynamics of effective teams" or "...learn to recognize some of the factors that influence the course of family development" might be more helpful if translated into behavioral or skill oriented terms.

The above issue is related to another minor weakness--the absence of a suggested tool or approach for assessing accomplishment of course objectives. Given the sophistication of this curriculum and its attention to organization and utility, there would be reason to "believe" in its success; but an evaluation to tool (or set of tools) would be helpful for documenting course learning benefits, for follow-up planning with trainees, and for modification of the course when it is used in various settings. The authors and/or publishing company may have copies of evaluation instruments used in the development of this curriculum; trainers or faculty considering

use of this curriculum may wish to contact those parties to obtain copies of such evaluation materials which may exist. It should be noted that a brief evaluation form is included with the curriculum for users (ie. faculty/trainers) to provide information to the authors regarding their perceptions of the characteristics and utility of the curriculum as a whole.

In the Introduction to **Partners in Early Intervention**, the authors explain field-testing as follows: "The WFCIP course content and activities serve as a basis for this guide (ed: "curriculum"). The course and materials were field tested at four University of Wisconsin campuses, and Educational Teleconference Network (ETN) course, workshops and a two-day Summer Institute. Multiple presentations, evaluations and revisions of the WFCIP course and its materials occurred over the past two years. In addition, WFCIP benefitted from the input of two advisory committees during all phases of the project and in the development, review and revision of this guide. The Parent Advisory Review Panel and the WFCIP Advisory Committee had statewide representation. The WFCIP Advisory Committee was made up of parents, service providers, agency personnel and faculty. After each field test the content and activities were revised. This guide is the end product of this two-year process of refinement." Thus, a thoughtful, step-wise process of testing and refining this curriculum was implemented. Specific data collected and utilized are not presented within the curriculum itself.

Preservice Usage: This curriculum is quite applicable to the preservice training situation and would likely be well-received at both undergraduate and graduate levels. The content would be very valuable for students preparing for careers in health, educational and/or social, especially if career focus may be with children with developmental challenges and their families. One issue in need of consideration, although not by any means a necessary drawback, is that the curriculum is truly cross-disciplinary and the content may not seem to fall under the rubric or within the "responsibility" of any one discipline or department. It provides the kind of content, however, which is so important and which so often falls through the cracks in preservice training. It would seem that this curriculum could be used in a very valuable and innovative way through interdisciplinary and/or interdepartmental efforts at the preservice (ie. higher education) level.

Inservice usage: The inservice level is right where this curriculum was primarily focused and this is evident in its flexibility, its emphasis on the principles of adult learning, its capacity to involve the trainee in self-directed learning, and its strong use of discussions, activities, group problem solving, and other kinds of experiential learning. The emphasis on inservice utility is also evident in the mixture of theoretical perspectives and practical material and guidelines which characterizes the curriculum. For inservice training, this curriculum could be deployed as an intensive weeklong training or could be spread out over time in any number of flexible scheduling formats. Most service providers would likely gain a good deal from the content and structure of this curriculum.

Adaptations for Training Faculty: This curriculum could be delivered to faculty members in higher education with very few modifications. Faculty would likely be favorably impressed by the organization and sophistication of this curriculum. One possible modification would be to add activities or discussion groups about: 1) the relevance of this material for faculty's teaching activities, 2) how this curriculum could actually be used by faculty themselves, 3) what additional resources, if any, would faculty need to implement this curriculum or something similar, and 4)

what strategies could faculty develop to deliver this curriculum in an interdisciplinary context as it was intended.

Additional Comments: Although purchase price of this curriculum is $35.00, it is still a real bargain when one considers how clearly prepared the curriculum is for immediate utilization. Even if only some of the "strands" are utilized, this curriculum would stand out as an excellent resource in early intervention teaching/training.

APPENDIX B

Self-Assessment of Skills and Knowledge in Cross Disciplinary Aspects of Early Intervention

Developed by:
Peggy Rosin, Linda Tuchman, Amy Whitehead & George Jesien

Waisman Center Early Intervention Programs
The Wisconsin Family-Centered Inservice Project
©December 1991

Funded by the U.S. Office of Special Education and Rehabilitation Services

THE WISCONSIN FAMILY-CENTERED INSERVICE PROJECT
SELF-ASSESSMENT

The Self-Assessment (SA) is a means for putting into practice two of the guiding principles of WFCIP. These principles state that the inservice be designed based on principles of adult learning and that the trainee's concerns, priorities, strengths and preferences determine their degree and type of involvement. This self-assessment is designed to model the Individual Family Service Plan process.

The purpose of the SA is:

1. to offer participants an array of skills and knowledge in family-centered early intervention from which to select the content for individualizing their course.

2. to provide participants with a method of selecting and prioritizing their course and outcomes (attitudes, knowledge and skills).

3. to provide participants with a systematic approach to monitoring, modifying, and measuring outcomes listed on the Individual Learning Plan.

4. to enable participant's to set future goals beyond the scope of the WFCIP course.

The SA is comprised of four components:

1. The Open-Ended Questionnaire (OEQ) consists of four open-ended questions to elicit the participant's prioritized outcomes. The OEQ is completed by the participant at the beginning of the course.

2. The Skills and Knowledge Self-Assessment (SKSA) provides the participant with a list of skills and knowledge from which to select and prioritize their course outcomes. The SKSA is also completed by the participant at the beginning of the course. The OEQ and SKSA are two methods for achieving a similar end. The instructor may use one or both methods.

3. The Individual Learning Plan (ILP) is an action plan that organizes the participant's outcomes in a prioritized format, including strategies the participant will use to achieve their outcomes, resources needed or available, timelines, and a method of evaluating their progress toward their outcomes. The ILP is used as an ongoing method of monitoring and evaluating the participants' progress toward achieving course outcomes.

4. The Reflections on the Individual Learning Plan and Future Directions form, assists the participant in determining whether their outcomes were accomplished, how they accomplished their outcomes, and in developing a list of future outcomes. This component of the SA describes a follow-up contact to be made with the participant within a specified time. The follow-

up contact will be used to discuss the participant's progress on the outcomes set following the course and to discuss whether the inservice course had an impact on their daily practice.

OPEN-ENDED QUESTIONNAIRE (OEQ)

INTRODUCTION

The OEQ is a component of the Self-Assessment. This questionnaire is completed at the outset of the course. It allows the participant to list and order by importance their anticipated outcomes for the course through the use of four open-ended questions and a rating scale to assign priority. Participants might be reminded to be realistic in terms of time and effort to achieve their outcomes. Some outcomes may be relatively short term while others may continue well after the course ends.

INSTRUCTIONS: The following steps are offered as a detailed guide to the instructor in administering the Self-Assessment.

STEP 1: Question 1 - Generating and Prioritizing Outcomes

You may list whatever outcomes are germane to your reasons for registering for the inservice course. Prioritize the outcomes after you generate them. Assign priority to your outcomes by putting the number 1 next to the outcome you assign the highest priority and 2 is the next highest priority and so on until all outcomes are assigned a number.

STEP 2: Questions 2, 3, and 4 - Determining Strengths, Supports and Strategies

Think about your course outcomes and brainstorm what resources you can call upon to achieve these outcomes and what supports you might need. Support might come from the course instructor, a parent, a professional in the community, a reference or reading, an opportunity to observe or practice a skill, etc.

STEP 3: Transferral of Information to the Individual Learning Plan

You can now transfer the information from the OEQ to the ILP. List outcomes in order of priority as determined by Question 1. Your responses to the other questions are the basis for completing the strategies and resources column on the ILP.

SKILLS AND KNOWLEDGE SELF-ASSESSMENT (SKSA)

INTRODUCTION

The Skills and Knowledge Self-Assessment is a component of the Self-

Assessment. The SKSA is completed by the participant at the outset of the course. It was designed to provide course participants with a means of assessing and prioritizing their knowledge and skills in comprehensive, family-centered, community-based early intervention.

The SKSA organizes statements into three content areas:

1. Family-Centered Care--Building Parent and Professional Partnerships,
2. Interdisciplinary Teaming, and
3. Service Coordination and Interagency Collaboration.

The concepts and skills related to these three areas are intertwined and overlapping. Communication and problem solving skills are imbedded into each of the content areas. Each content area is divided into statements reflecting the participant's knowledge and statements reflecting their skills. The SKSA is not an exhaustive listing of statements reflecting knowledge and skills in early intervention. The participant may want to add a course outcome or goal that is not embodied in the SKSA statements.

The participants read each statement and rate their perception of their competence described by the statement. In addition, the participant judges whether obtaining that knowledge or skill is a priority for them. After participants have read and rated each statement along these three dimensions (knowledge, skill and priority), the SKSA can be used to organize and order, according to importance, their course outcomes using the Individual Learning Plan.

INSTRUCTIONS

STEP 1: Self-Assessment of Knowledge and Skills

Read each statement and circle the number on the corresponding scale which reflects your rating of your knowledge and skill. The 4-point rating scale corresponding to the knowledge column is interpreted as 1 = new student and 4 = could teach the topic. The 4-point scale corresponding to the skills column is interpreted as 1 = novice and 4 = expert.

STEP 2: Prioritize the Importance of the Knowledge or Skill

After you have rated your abilities in each of the content areas, prioritize how important that knowledge or skill is to your current work or life situation. The 4-point scale corresponding to the priority column is interpreted as 1 = unimportant to 4 = very important.

STEP 3: Choose and Prioritize Course Outcomes

Based on self-assessment of your knowledge and skills and your priority ratings, you can organize your course outcomes. Remember that you can add any outcome which was not reflected in the SKSA statements. Look across the three

content areas for statements that were rated as low ability and high need. These will most likely be targeted outcomes. The Individual Learning Plan provides a column for listing your course outcomes in order of priority.

THE INDIVIDUAL LEARNING PLAN (ILP)

INTRODUCTION

The ILP is a document that models the Individualized Family Service Plan (IFSP). Through the use of the OEQ and/or SKSA, the participant determines and prioritizes her outcomes for the course. The ILP is an action plan that the participant uses to:

a. list outcomes in their order of importance,
b. determine strategies for achieving outcomes,
c. specify resources to support accomplishing the outcome,
d. set a timeline for achievement of goals, and
e. monitor and evaluate their progress and accomplishment.

The length of the inservice course may vary for many reasons such as the purpose of the course, site offering the inservice, or number of university credits for which it is offered. It is suggested, however, that the evaluation or monitoring of the ILP should be completed at least at a midpoint and at the end of the course. A bimodal rating system is used in evaluation. A number from 1 to 5 is used to determine where the participant is on the continuum from no activity on a selected outcome, to completion of the outcome (1 = No activity, 2 = Started, 3 = Half-way there, 4 = Mostly accomplished, and 5 = Completed).

A letter is assigned to designate whether the originally listed outcome continues as an outcome (a = No longer an outcome, b = Still an outcome). This document is kept by the participant to refer to and update as progress is made. The instructor may choose to keep a copy also, especially if the inservice is being offered for university credit.

INSTRUCTIONS

STEP 1: OUTCOMES Column

After you have completed the Open-Ended Questionnaire (OEQ) and/or Skills and Knowledge Self-Assessment (SKSA), organize the information on the Individual Learning Plan. This is your plan for the course. The ILP is a tool to assist you in organizing your goals, strategies, resources and timelines for reaching goals. The ILP is also a method of monitoring and evaluating your progress toward your course outcomes.

List the outcomes that you have written on the OEQ or determined from

completing the SKSA on the ILP in the OUTCOMES column. Notice that the outcomes should be listed in the order of importance you have assigned them.

STEP 2: STRATEGIES Column

Next to each outcome, list what strategies you might use to achieve the goal. The strategies are the result of your creative brainstorming of means to accomplish the goal. Each strategy is specific to your goal and there may be a variety of ways to achieve the goal. It is important that your strategy be based on your strengths, resources and preferences.

STEP 3: RESOURCES Column

Think about and list what resources you have or think you might need to attain your outcome. There are many personal, professional or community resources that you may draw upon in completing the RESOURCES column. Remember that you can consider the course instructor as a resource and as someone to facilitate you getting the resources you need.

STEP 4: TIMELINE Column

You can use the TIMELINE column as a time manager. Each of your outcomes may differ in the amount of time and effort needed for their completion. If you have listed multiple outcomes, think about how you might coordinate and complete each in a timely fashion.

STEP 5: EVALUATION Column

You are reminded that the ILP is part of the Self-Assessment. The monitoring and evaluating of ILP is strictly for self evaluation. It is recommended that you keep the ILP and refer to it frequently to monitor your progress toward your goals. At least at the midpoint and end of the course the rating scale should be applied to evaluate your outcomes. A number from 1 to 5 is assigned to determine your point on the continuum from no activity on a selected outcome to completion of the outcome (1 = No activity, 2 = Started, 3 = Half way there, 4 = Mostly accomplished, and 5 = Completed). A letter is assigned to designate whether the originally listed outcome continues as an outcome (a = No longer an outcome, b = Still an outcome).

WFCIP\SLFASS1
REVISED: 1/9/92

OPEN-ENDED QUESTIONNAIRE

Name: _____ Date: _____

1. What do you anticipate accomplishing during this course in regard to your attitudes, knowledge and skills for providing comprehensive, coordinated community-based, family-centered early intervention services for infants and toddlers with disabilities and their families? List the specific areas that interest you or projects you would like to complete. When you finish writing your outcomes, go back and assign a priority number (1 = highest priority, i.e., the outcome you are most interested in achieving, etc.).

2. What do you see as your strengths which will assist you in accomplishing your desired outcomes?

3. What will you need from this course or instructors to help you accomplish your outcomes (information, support, resources)?

4. What strategies might you use to reach your outcomes?

WFCIP\SLFASS3
REVISED 1/9/92

ID# ____ ____ ____ ____ (last 4 digits of SSN)

SKILLS & KNOWLEDGE SELF-ASSESSMENT

FAMILY-CENTERED CARE
BUILDING PARENT AND PROFESSIONAL PARTNERSHIPS

INSTRUCTIONS:

STEP 1: Self-Assessment of Knowledge and Skills:
Read each statement and circle the number on the corresponding scale which reflects your rating of your knowledge and skill. The 4-point rating scale corresponding to the knowledge column is interpreted as 1 = new student and 4 = could teach the topic. The 4-point scale corresponding to the skills column is interpreted as 1 = novice and 4 = expert.

STEP 2: Prioritize the Importance of the Knowledge or Skill:
After you have rated your abilities in each of the content areas, prioritize how important that knowledge or skill is to your current work or life situation. The 4-point scale corresponding to the priority column is interpreted as 1 = unimportant to 4 = very important.

STEP 3: Choose and Prioritize Course Outcomes:
Based on self-assessment of your knowledge and skills and your priority ratings, you can organize your course outcomes. Remember that you can add any outcome which was not reflected in the SKSA statements. Look across the three content areas for statements that were rated as low ability and high need. These will most likely be targeted outcomes. The Individual Learning Plan provides a column for listing your course outcomes in order of priority.

STATEMENT	KNOWLEDGE (1 = New Student 4 = Teach topic)	PRIORITY (1 = Unimportant 4 = Very important)
1. I understand the philosophy and theory of family-centered care.	1 2 3 4	1 2 3 4
2. I understand P.L. 99-457 and its implications for the service delivery system.	1 2 3 4	1 2 3 4
3. I understand the components of the Individual Family Service Plan (IFSP) process and document.	1 2 3 4	1 2 3 4
4. I appreciate the potential impact that a child who has or may have special needs may have on her family.	1 2 3 4	1 2 3 4
5. Other	1 2 3 4	1 2 3 4

STATEMENT	SKILL (1 = Novice 4 = Expert)	PRIORITY (1 = Unimportant 4 = Very Important)
6. I practice the philosophies and theories upon which the family-centered approach is based.	1 2 3 4	1 2 3 4
7. I support each family in a way that is respectful of its values and life style.	1 2 3 4	1 2 3 4

8. I use an array of procedures, as appropriate for each family for identifying family concerns, priorities, resources, and preferences.	1 2 3 4	1 2 3 4
9. I offer families options within early intervention (e.g., times, services, settings, level of participation).	1 2 3 4	1 2 3 4
10. I use family preferences for developing and implementing screening, evaluation, and assessment.	1 2 3 4	1 2 3 4
11. I support families as decision-makers throughout the IFSP and early intervention process.	1 2 3 4	1 2 3 4
12. I collaborate with families in the development of outcomes and strategies, and in the evaluation of those outcomes.	1 2 3 4	1 2 3 4
13. I collaborate with the team in conducting screening, evaluation and assessment.	1 2 3 4	1 2 3 4
14. I collaborate with the team in developing the IFSP.	1 2 3 4	1 2 3 4
15. I am able to integrate information from families, evaluations and assessments into meaningful daily activities for the child and family.	1 2 3 4	1 2 3 4
16. I work with families to identify strategies to overcome obstacles met in achieving their outcomes.	1 2 3 4	1 2 3 4
17. I listen to what families say and sensitively and effectively interact with families.	1 2 3 4	1 2 3 4
18. I provide families with information on procedural safeguards based on P.L. 99-457, Part H.	1 2 3 4	1 2 3 4
19. I write family reports in "people first" language (e.g., "person with...") which is sensitive and supportive to families.	1 2 3 4	1 2 3 4
20. Other	1 2 3 4	1 2 3 4

INTERDISCIPLINARY TEAMING

STATEMENT	KNOWLEDGE (1 = New Student 4 = Teach topic)	PRIORITY (1 = Unimportant 4 = Very important)
1. I understand that each parent is an expert on his or her child.	1 2 3 4	1 2 3 4
2. I understand the early intervention team as described by P.L. 99-457, Part H and implications for service delivery systems.	1 2 3 4	1 2 3 4
3. I understand the roles and functions of the disciplines and services described in P.L. 99-457.	1 2 3 4	1 2 3 4
4. I understand characteristics and advantages/ disadvantages of team models (e.g., multidisciplinary, interdisciplinary, transdisciplinary).	1 2 3 4	1 2 3 4
5. I know the essential elements of a team and team dynamics (e.g., group process).	1 2 3 4	1 2 3 4
6. I understand that role release is an important component to teaming in early intervention.	1 2 3 4	1 2 3 4
7. Other	1 2 3 4	1 2 3 4

STATEMENT	SKILL (1 = Novice 4 = Expert)	PRIORITY (1 = Unimportant 4 = Very Important)
8. I interact with parents as equal team members.	1 2 3 4	1 2 3 4
9. I recognize the individual differences of team members.	1 2 3 4	1 2 3 4
10. I communicate effectively with parents and professionals in planning and providing early intervention services.	1 2 3 4	1 2 3 4
11. I participate in a systematic approach to team decision-making.	1 2 3 4	1 2 3 4

12. I apply negotiation techniques, methods of reaching team consensus, and conflict resolution strategies when needed.	1 2 3 4	1 2 3 4
13. I effectively participate in and/or facilitate team meetings.	1 2 3 4	1 2 3 4
14. I support parents and professionals in learning my skills and knowledge.	1 2 3 4	1 2 3 4
15. Other	1 2 3 4	1 2 3 4

SERVICE COORDINATION
INTERAGENCY COLLABORATION

STATEMENT	KNOWLEDGE (1 = New Student 4 = Teach topic)	PRIORITY (1 = Unimportant 4 = Very important)
1. I understand the legal aspects of service coordination according to P.L. 99-457 (e.g., definitions, activities, responsibilities).	1 2 3 4	1 2 3 4
2. I understand the legal aspects of interagency collaboration according to P.L. 99-457 (e.g., interagency agreements, Interagency Coordinating Councils).	1 2 3 4	1 2 3 4
3. I know the history of service coordination (case management).	1 2 3 4	1 2 3 4
4. I understand the major models of service coordination that apply to early intervention (e.g., promotion, enablement).	1 2 3 4	1 2 3 4
5. I understand that parents may choose their level of participation in the coordination of services for their child, including co-coordination.	1 2 3 4	1 2 3 4
6. I have knowledge of community agencies, programs, and services (e.g., purpose, contact persons) for infants/toddlers and families.	1 2 3 4	1 2 3 4
7. I understand that there are levels of involvement in working with agencies (e.g., networking, coordination, cooperation and collaboration).	1 2 3 4	1 2 3 4
8. Other	1 2 3 4	1 2 3 4

STATEMENT	SKILL (1 = Novice 4 = Expert)	PRIORITY (1 = Unimportant 4 = Very Important)
9. I offer families different degrees of service coordination based on their current needs/desires (e.g., periodic contact, frequent contact, crisis intervention).	1 2 3 4	1 2 3 4

10. I support the family's competence in their decision-making throughout the early intervention process.	1 2 3 4	1 2 3 4
11. I locate resources (e.g., financial, natural supports programs, services) and make referrals based on the specific need of the child and family.	1 2 3 4	1 2 3 4
12. I facilitate and participate in the development, review and evaluation of the IFSP.	1 2 3 4	1 2 3 4
13. I coordinate evaluations and assessments.	1 2 3 4	1 2 3 4
14. I inform families of the availability of advocacy services, and advocate for children, families and services.	1 2 3 4	1 2 3 4
15. I monitor the quality of the early intervention services provided to children and families.	1 2 3 4	1 2 3 4
16. I participate in public awareness and educational activities about early intervention.	1 2 3 4	1 2 3 4
17. I develop and maintain relationships with various agencies (e.g., informal and formal agreements).	1 2 3 4	1 2 3 4
18. I coordinate services between or among agencies as needed to meet the outcomes of the IFSP (e.g., educational, social, health).	1 2 3 4	1 2 3 4
19. I work with agencies and families to facilitate the child's and family's transition from program to program or service to service.	1 2 3 4	1 2 3 4
20. Other	1 2 3 4	1 2 3 4

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THE INDIVIDUAL LEARNING PLAN (ILP): INSTRUCTIONS

STEP 1: OUTCOMES Column

After you have completed the Open-Ended Questionnaire (OEQ) and/or Skills and Knowledge Self-Assessment (SKSA), organize the information on the Individual Learning Plan. This is your plan for the course. The ILP is a tool to assist you in organizing your goals, strategies, resources and timelines for reaching goals. The ILP is also a method of monitoring and evaluating your progress toward your course outcomes.

List the outcomes that you have written on the OEQ or determined from completing the SKSA on the ILP in the OUTCOMES column. Notice that the outcomes should be listed in the order of importance you have assigned them.

STEP 2: STRATEGIES Column

Next to each outcome, list what strategies you might use to achieve the goal. The strategies are the result of your creative brainstorming of means to accomplish the goal. Each strategy is specific to your goal and there may be a variety of ways to achieve the goal. It is important that your strategy be based on your strengths, resources and preferences.

STEP 3: RESOURCES Column

Think about and list what resources you have or think you might need to attain your outcome. There are many personal, professional or community resources that you may draw upon in completing the RESOURCES column. Remember that you can consider the course instructor as a resource and as someone to facilitate your getting the resources you need.

STEP 4: TIMELINE Column

You can use the TIMELINE column as a time manager. Each of your outcomes may differ in the amount of time and effort needed for their completion. If you have listed multiple outcomes, think about how you might coordinate and complete each in a timely fashion.

STEP 5: EVALUATION Column

You are reminded that the ILP is part of the Self-Assessment. The monitoring and evaluating of the ILP is strictly for self evaluation. It is recommended that you keep the ILP and refer to it frequently to monitor your progress toward your goals. At least at the midpoint and end of the course the rating scale should be applied to evaluate your outcomes. A number from 1 to 5 is assigned to determine your point on the continuum from no activity on a selected outcome to completion of the outcome (1 = No activity, 2 = Started, 3 = Half way there, 4 = Mostly accomplished, and 5 = Completed). A letter is assigned to designate whether the originally listed outcome continues as an outcome (a = No longer an outcome, b = Still an outcome).

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THE INDIVIDUAL LEARNING PLAN

Name: _____

OUTCOMES (Prioritize)	STRATEGIES	RESOURCES	TIMELINE	EVALUATION	
				Rating	Date
				Number/Letter	

RATING SCALE

Number:
1. No activity
2. Started
3. Half way there
4. Mostly accomplished
5. Completed

Letter:
a = no longer an outcome
b = still an outcome

REFLECTIONS on INDIVIDUAL LEARNING PLAN and FUTURE DIRECTIONS

Name: _____ Date: _____

1. Review the list of outcomes you created on the Individualized Learning Plan. To what extent did you accomplish your outcomes for this course?

2. What assisted you?

3. What obstacles did you encounter?

4. Were there unexpected results or outcomes?

5. What outcomes would you set for yourself for the next six months to a year? A follow-up contact will be made to discuss these outcomes. Specify what would be an appropriate timeline and strategy for this follow-up.

APPENDIX C

Workshop in Exceptional Education:
Working with Families & Young Children with Special Needs
Co-Sponsored by UW-Milwaukee &
The Wisconsin Family-Centered Inservice Project

COURSE EVALUATION FORM
Fall Semester 1991

Please circle the appropriate number.

This course:	Low			High
1. Overall rating	1	2	3	4
2. Overall organization	1	2	3	4
3. Usefulness of materials				
Course reader	1	2	3	4
Handouts	1	2	3	4
4. Usefulness of course				
Lectures	1	2	3	4
Discussions	1	2	3	4
Within class activities	1	2	3	4
5. Usefulness of assignments				
Self-Assessment (Individual Learning Plan)	1	2	3	4
Book review/Synopsis	1	2	3	4
Course Project (written)	1	2	3	4
Course Project (oral)	1	2	3	4
Field-based activities	1	2	3	4
6. Relevance of course to your work or life	1	2	3	4
7. Parents as Presenters	1	2	3	4
8. Visiting Birth-to-Three Sites	1	2	3	4

The most useful elements of the course were:

My suggestions for improving this course are:

In the topic areas covered during this course, were there areas which you felt should have been stressed more or less:

Other comments:

As you know, this was our first presentation of this course. We would like to improve the course based on your feedback. Would you be willing to be interviewed by telephone? If yes, please give:

Name _____

Phone number _____

Thank you for your time and effort.

WFCIP\MILW\COURSE.EVL